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APPLICANTS

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**** CONTINUING DATA *******
**** FOREIGN APPLICATIONS *******
IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/18/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WI	4	44	5
Verified and Acknowledged	 Examiner's Signature	 Initials			

ADDRESS

22827

TITLE

System and process for throughdrying tissue products

FILING FEE RECEIVED 1504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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